

Afni, Inc.  
P.O. Box 3427  
Bloomington, IL 61702

Salute Visa  
220 John Glenn Drive #1  
Amherst, NY 14228

Allied Interstate  
P.O. Box 5203  
New York, NY

American Debt Collection  
P.O. Box 608  
Oxford, MS 38655

American Rooter  
P.O. Box 171  
Lunenburg, MA 01462

Arrow Financial assignee of  
Premier Bankcard, Inc.  
c/o Redline Recovery Services, Inc.  
95 John Muir Drive  
Amherst, NY 14228

Associated Credit Services, Inc.  
105B South Street  
P.O. Box 9100  
Hopkinton, MA 01748

Associates Recovery Systems  
P.O. Box 469046  
Escondido, CA 92046

Bard Chiropractic Office  
331 Jaffrey Road  
Peterborough, NH 03458

BMG Music  
P.O. Box 91501  
Indianapolis, IN 46291

Bon Appetit  
P.O. Box 38619  
Boone, IA 50037

Bureau of Collection Recovery, Inc.  
101 Federal Street  
Boston, MA 02110

Capital One  
P.O. Box 85520  
Richmond, VA 23285

Capital One Bank  
120 Corporate Boulevard  
Norfolk, VA 23502

Cardiology Internists  
50 Memorial Drive  
Leominster, MA 01453

CBCS  
P.O. Box 163250  
Columbus, OH 43216

Central Credit Services, Inc.  
9550 Regency Sq. Blvd.  
Jacksonville, FL 32225

Cingular Wireless-Boston  
c/o Bureau of Collection Recovery  
101 Federal Street  
Boston, MA 02210

Case 12-42742 Doc 1 Filed 07/26/12 Entered 07/26/12 15:55:09 Desc Main Document Page 3 of 67  
Citgo Citibank  
220 John Glenn Drive #1  
Amherst, NY 14228

Citgo/CBSD  
P.O. Box 6497  
Sioux Falls, SD 57117

Commerce Insurance Company  
11 Gore Road  
Webster, MA

Community Healthlink  
45 Summer Street  
Leominster, MA 01453

Continental Finance Co.  
P.O. Box 30311  
Tampa, FL 33630-331

Cooking Club of America  
P.O. Box 3526  
Minnetonka, MN 55343-3526

Davis and Davis  
393 Vanadium Road, Suite 300  
Pittsburgh, PA

Doubleday Book Club  
575 Underhill Boulevard Ste. 2  
Syosset, NY 11791

First National Bank  
c/o Vital Recovery Services, Inc.  
P.O. Box 923747  
Norcross, GA 30010

Case 12-42742 Doc 1 Filed 07/26/12 Entered 07/26/12 15:55:09 Desc Main Document Page 4 of 67  
First Premiere Bank  
601 S. Minnesota Avenue  
Sioux Falls, SD 57104

Fitness Magazine  
1716 Locust Street  
Des Moines, IA 50309

Forbes Magazine, Inc.  
P.O. Box 5474  
Harlan, IA 51593

George Giebel, MD  
c/o Allied Credit Service  
P.O. Box 7840  
Nashua, NH 03060

Gourmet  
P.O. Box 37666  
Boone, IA 50037

Greenwood Trust Company  
c/o Daniel W. Goldstone, Esq.  
P.O. Box 67397  
Chestnut Hill, MA 02167

Health Alliance Hospital  
c/o HBCS  
P.O. Box 83172  
Woburn, MA 01813

Household Renaissance  
8875 Aero Drive  
San Diego, CA 92123

LDg Financial Services  
4553 Winters ChapelRoad  
Atlanta, GA 30360

Merrick Bank  
P.O. Box 9201  
Old Bethpage, NY 11804

Miracle Financial, Inc.  
52 Armstrong Road  
Plymouth, MA 02360

MRC Receivables Corp.  
assignee of Household Orchard Bank  
c/o Richard Daniels, Esq.  
One Cetner Plaza  
Boston, MA

MRS Services  
5230 Washington Street  
West Roxbury, MA 02132

NAFS  
P.O. Box 9027  
Williamsville, NY 14231

Nashoba Valley Medical Center  
P.O. Box 415000  
Nashville, TN 37241

Nashoba Valley Pathology  
P.O. Box 9132  
Brookline, MA 02446

NCO Financial Systems  
507 Prudential Road  
Horsham, PA 19044

Nelson, Watson & Assoc.  
80 Merrimack Street  
Haverhill, MA 01830

Nelson, Watson & Associates, LLC  
80 Merrimack Street  
Lower Level  
Haverhill, MA 01830

North Shore Agency, Inc.  
P.O. Vox 8901  
Westbury, NY 11590

North Star Capital Acquisition as  
assignee of Citibank  
c/o Howard Lee Schiff, PC  
340 Main Street  
Worcester, Ma

Northland Group, Inc.  
P.O. Box 390846  
Edina, MN 55439

Park Dansan  
113 W 3rd Avenue  
P.O. Box 248  
Gastonia, NC 28053

Penn Credit Corp.  
P.O. Box 988  
Harrisburgh, PA 17108

Peter Roberts & Associates, Inc.  
231 E. Main Street, Ste. 201  
Milford, MA 01757

Pillsbury  
P.O. Box 1908  
Marion, OHN 43306

Portfolio Recovery Associates  
P.O. Box 12914  
Norfolk, VA

Portfolio Recovery Associates, LLC  
P.O. Box 12914  
Norfolk, VA 23541

Premiere Bankcard, Inc.  
5996 W. Touhy Avenue  
Niles, IL 60714

Rhapsody Book Club  
575 Underhill Boulevard, Ste. 2  
Syosset, NY 11791

Richard Daniels, Esq.  
One Center Plaza  
Boston, MA

RMJ Aquisitions, LLC  
asignee of Crafters Choice Book Clu  
P.O. Box 18006  
Hauppauge, NY 11788

Rural Development  
4300 Goodfellow Boulevard  
St.Louis, MO 63120

Scholastic Collectibles  
c/o RMCB  
P.O. Box 1234  
Elmsford, NY 10523

Seventh Avenue  
1112 7th Avenue  
Monroe, WI 53566

SKO Brenner American, Inc.  
P.O. Box 230  
Farmingdale, NY 11735

Solomon and Solomon, PC  
Columbia Circle  
Box 15019  
Albany, NY 12212

Stephen Simpson, MD, PC  
P.O. Box 9300  
Providence, RI 02940

Sundial Editions  
P.O. Box 9228  
Central Islip, NY 11722

The Ashton Drake Galleries  
2491 Paxton Street  
Harriston, PA 17111

Verizon Wireless  
c/o Pinnacle Credit Services  
7900 Highway 7 #100  
Saint Louis Park, MN 55426

The Bradford Exchange LT  
2491 Paxton Street  
Harrisburg, PA 17111

Total Card, Inc.  
5109 S. Broadband Lane  
Sioux Falls, SD 57108

USDA  
P.O. Box 790170  
St. Louis, MO 63179-0170

Verizon New England, Inc.  
P.O. Box 140.91  
Worcester, MA 01654-0001

Walmart  
c/o Palmer, Reifler & Assoc.  
1900 Summit Tower Blvd.  
Orlando, FL 32810

Worldwide Asset Purchasing, LLC  
assignee of Aspire Visa  
c/o Lustig, Glaser & Wilson  
P.O. Box 9127  
Needham, MA 02492

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MASSACHUSETTS

In re: Janelle Hodell Case No. \_\_\_\_\_  
Debtor Chapter 7 \_\_\_\_\_

**VERIFICATION OF CREDITOR MATRIX**

The above named debtor(s), or debtor's attorney if applicable, do hereby certify under penalty of perjury that the attached Master Mailing List of creditors, consisting of **9** sheet(s) is complete, correct and consistent with the debtor's schedules pursuant to Local Bankruptcy Rules and I/we assume all responsibility for errors and omissions.

Dated: 07/26/2012

Signed: /s/ Janelle Hodell  
Janelle Hodell

Signed: /s/Edwin H. Howard  
Edwin H. Howard  
Attorney for Debtor(s)  
Bar no.: **241700**  
**Bonville & Howard**  
**154 Prichard Street**  
**Fitchburg, MA 01420**  
Telephone No.: **978-345-4144**  
Fax No.: **978-345-2261**  
E-mail address:

**United States Bankruptcy Court  
District of Massachusetts**

**Voluntary Petition**

Name of Debtor (if individual, enter Last, First, Middle): <b>Hodell, Janelle</b>	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN(if more than one, state all): <b>0384</b>	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN(if more than one, state all):
Street Address of Debtor (No. & Street, City, and State): <b>28 Kimball Street Lunenburg, MA</b>	Street Address of Joint Debtor (No. & Street, City, and State):
ZIP CODE <b>01462</b>	ZIP CODE
County of Residence or of the Principal Place of Business: <b>Worcester</b>	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address):	Mailing Address of Joint Debtor (if different from street address):
ZIP CODE	ZIP CODE
Location of Principal Assets of Business Debtor (if different from street address above):	
ZIP CODE	

Type of Debtor (Form of Organization) (Check one box.)	Nature of Business (Check one box)	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box)
<input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) <hr/> <b>Chapter 15 Debtors</b>	<input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
Country of debtor's center of main interests: <hr/>	Tax-Exempt Entity (Check box, if applicable)	Nature of Debts (Check one box)
Each country in which a foreign proceeding by, regarding, or against debtor is pending: <hr/>	<input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code.)	<input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.

<b>Filing Fee</b> (Check one box)	<b>Chapter 11 Debtors</b>
<input checked="" type="checkbox"/> Full Filing Fee attached  <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b) See Official Form 3A.  <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.	<b>Check one box:</b> <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).
	<b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300 ( <i>amount subject to adjustment on 4/01/13 and every three years thereafter</i> ). <b>Check all applicable boxes</b>
	<input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).

<b>Statistical/Administrative Information</b>										THIS SPACE IS FOR COURT USE ONLY
<input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.										
<b>Estimated Number of Creditors</b> <input checked="" type="checkbox"/> <input type="checkbox"/> 1- 50- 100- 200- 1,000- 5,001- 10,001- 25,001- 50,001- Over 49 99 199 999 5,000 10,000 25,000 50,000 100,000 100,000										
<b>Estimated Assets</b> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> \$0 to \$50,001 to \$100,001 to \$500,001 to \$1,000,001 to \$10,000,001 to \$50,000,001 to \$100,000,001 to \$500,000,001 to \$1 billion More than \$1 billion \$50,000 \$100,000 \$500,000 \$1 million \$10 million \$50 million \$100 million \$500 million \$1 billion \$1 billion										
<b>Estimated Liabilities</b> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> \$0 to \$50,001 to \$100,001 to \$500,001 to \$1,000,001 to \$10,000,001 to \$50,000,001 to \$100,000,001 to \$500,000,001 to \$1 billion More than \$1 billion \$50,000 \$100,000 \$500,000 \$1 million \$10 million \$50 million \$100 million \$500 million \$1 billion \$1 billion										

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Document Page 12 of 67 Name of Debtor(s): <b>Janelle Hodell</b>
<b>All Prior Bankruptcy Cases Filed Within Last 8 Years</b> (If more than two, attach additional sheet.)		
Location Where Filed: <b>NONE</b>	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:
<b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet)		
Name of Debtor: <b>NONE</b>	Case Number:	Date Filed:
District:	Relationship:	Judge:
<b>Exhibit A</b> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)		<b>Exhibit B</b> (To be completed if debtor is an individual whose debts are primarily consumer debts)  I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b).
<input type="checkbox"/> Exhibit A is attached and made a part of this petition.	<b>X /s/Edwin H. Howard</b> Signature of Attorney for Debtor(s) <b>Edwin H. Howard</b>	<b>07/26/2012</b> Date <b>241700</b>
<b>Exhibit C</b> Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No		
<b>Exhibit D</b> (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)		
<input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.		
If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.		
<b>Information Regarding the Debtor - Venue</b> (Check any applicable box)		
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.		
<input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.		
<input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.		
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes.)		
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following).	(Name of landlord that obtained judgment)	
	(Address of landlord)	
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and		
<input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.		
<input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).		

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>	<b>Document</b> <b>Page 13 of 67</b> Name of Debtor(s): <b>Janelle Hodell</b>
<b>Signatures</b>	
<b>Signature(s) of Debtor(s) (Individual/Joint)</b> <p>I declare under penalty of perjury that the information provided in this petition is true and correct.</p> <p>[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.</p> <p>[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p><b>X /s/ Janelle Hodell</b>          Signature of Debtor <b>Janelle Hodell</b></p> <p><b>X Not Applicable</b>          Signature of Joint Debtor</p> <p>Telephone Number (If not represented by attorney)  <b>07/26/2012</b>          Date</p>	<b>Signature of a Foreign Representative</b> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.</p> <p>(Check only one box.)</p> <p><input type="checkbox"/> I request relief in accordance with chapter 15 of Title 11, United States Code. Certified Copies of the documents required by 11 U.S.C. § 1515 are attached.</p> <p><input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in the petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.</p> <p><b>X Not Applicable</b>          (Signature of Foreign Representative)</p> <p>(Printed Name of Foreign Representative)</p> <p>Date</p>
<b>Signature of Attorney</b> <p><b>X /s/Edwin H. Howard</b>          Signature of Attorney for Debtor(s)</p> <p><b>Edwin H. Howard Bar No. 241700</b>          Printed Name of Attorney for Debtor(s) / Bar No.</p> <p><b>Bonville &amp; Howard</b>          Firm Name</p> <p><b>154 Prichard Street Fitchburg, MA 01420</b>          Address</p> <p><b>978-345-4144</b>                    <b>978-345-2261</b>          Telephone Number</p> <p><b>07/26/2012</b>          Date</p> <p>*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.</p>	<b>Signature of Non-Attorney Petition Preparer</b> <p>I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.</p> <p><b>Not Applicable</b>          Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)</p> <p>Address</p>
<b>Signature of Debtor (Corporation/Partnership)</b> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.</p> <p>The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p><b>X Not Applicable</b>          Signature of Authorized Individual</p> <p>Printed Name of Authorized Individual</p> <p>Title of Authorized Individual</p> <p>Date</p>	<p><b>X Not Applicable</b></p> <p>Date</p> <p>Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.</p> <p>Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.</p> <p>If more than one person prepared this document, attach to the appropriate official form for each person.</p> <p><i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.</i></p>

UNITED STATES BANKRUPTCY COURT  
District of Massachusetts

In re Janelle Hodell  
Debtor

Case No. \_\_\_\_\_  
*(if known)*

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning:** You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*
2. Within the **180 days before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*
3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

---

---

---

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

**B 1D (Official Form 1, Exh. D) (12/09) – Cont.**

4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]

Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ Janelle Hodell  
Janelle Hodell

Date: 07/26/2012

B6A (Official Form 6A) (12/07)

In re: Janelle Hodell,  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE A - REAL PROPERTY

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
Real property located at 28 Kimball Street, Lunenburg, Ma	Fee Owner		\$ 63,000.00	\$ 51,116.11
	Total ➤		\$ 63,000.00	

(Report also on Summary of Schedules.)

B6B (Official Form 6B) (12/07)

In re Janelle HodellDebtor

Case No. \_\_\_\_\_

(If known)

**SCHEDULE B - PERSONAL PROPERTY**

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand		<b>Miscellaneous cash on hand</b>		<b>10.00</b>
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<b>Savings Account, Worker's Credit Union, Account #180023</b>		<b>387.15</b>
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		<b>Dell laptop and printer</b>		<b>150.00</b>
Household goods and furnishings, including audio, video, and computer equipment.		<b>Miscellaneous household goods and furnishings</b>		<b>1,500.00</b>
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		<b>Miscellaneous wearing apparel</b>		<b>200.00</b>
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			

B6B (Official Form 6B) (12/07) -- Cont.

In re Janelle HodellDebtor

Case No. \_\_\_\_\_

(If known)

## SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<input checked="" type="checkbox"/>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<input checked="" type="checkbox"/>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<input checked="" type="checkbox"/>			
22. Patents, copyrights, and other intellectual property. Give particulars.	<input checked="" type="checkbox"/>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<input checked="" type="checkbox"/>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<input checked="" type="checkbox"/>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.	<input checked="" type="checkbox"/>			
26. Boats, motors, and accessories.	<input checked="" type="checkbox"/>			
27. Aircraft and accessories.	<input checked="" type="checkbox"/>			
28. Office equipment, furnishings, and supplies.	<input checked="" type="checkbox"/>			
29. Machinery, fixtures, equipment and supplies used in business.	<input checked="" type="checkbox"/>			
30. Inventory.	<input checked="" type="checkbox"/>			
31. Animals.	<input checked="" type="checkbox"/>			
32. Crops - growing or harvested. Give particulars.	<input checked="" type="checkbox"/>			
33. Farming equipment and implements.	<input checked="" type="checkbox"/>			
34. Farm supplies, chemicals, and feed.	<input checked="" type="checkbox"/>			
35. Other personal property of any kind not already listed. Itemize.	<input checked="" type="checkbox"/>			

1 continuation sheets attached

Total ➤

\$ 2,247.15

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

In re Janelle Hodell,  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:  
(Check one box)

- 11 U.S.C. § 522(b)(2)  
 11 U.S.C. § 522(b)(3)

Check if debtor claims a homestead exemption that exceeds  
\$146,450.\*

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
Dell laptop and printer	MGLA c.235 § 34(2)	150.00	150.00
Miscellaneous cash on hand	MGLA c.235 § 34(15)	10.00	10.00
Miscellaneous household goods and furnishings	MGLA c.235 § 34(2)	1,500.00	1,500.00
Miscellaneous wearing apparel	MGLA c.235 § 34(1)	200.00	200.00
Real property located at 28 Kimball Street, Lunenburg, Ma	MGLA c.188 § 1	11,883.89	63,000.00
Savings Account, Worker's Credit Union, Account #180023	MGLA c.246 § 28A	387.15	387.15

\* Amount subject to adjustment on 4/1/13 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re Janelle Hodell

Case No.

Debtor

(If known)

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions, Above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 0004789614			11/02/1981 <b>Second Mortgage</b> Real property located at 28 Kimball Street, Lunenburg, Ma  VALUE \$63,000.00				4,000.00	0.00
Rural Development 4300 Goodfellow Boulevard St.Louis, MO 63120								
ACCOUNT NO. 4789614			01/27/1994 <b>Mortgage</b> Real property located at 28 Kimball Street, Lunenburg, Ma  VALUE \$63,000.00				50,641.50	0.00
USDA P.O. Box 790170 St. Louis, MO 63179-0170								

0

continuation sheets  
attached

Subtotal >  
(Total of this page)

\$ 54,641.50	\$ 0.00
\$ 54,641.50	\$ 0.00

Total >  
(Use only on last page)

(Report also on Summary of (If applicable, report  
Schedules) also on Statistical  
Summary of Certain  
Liabilities and  
Related Data.)

B6E (Official Form 6E) (4/10)

In re Janelle Hodell

Debtor

Case No.

(If known)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

- Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

**Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

**Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

**Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

**Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

**Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,775\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

**Deposits by individuals**

Claims of individuals up to \$2,600\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

**Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

**Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

**Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (4/10) – Cont.

In re Janelle Hodell

Case No. \_\_\_\_\_

(If known)

Debtor

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO.									\$0.00

Sheet no. 1 of 1 continuation sheets attached to Schedule of Creditors Holding Priority Claims

Subtotals ➤  
(Totals of this page)

\$ <b>0.00</b>	\$ <b>0.00</b>	\$ <b>0.00</b>
\$ <b>0.00</b>		
	\$ <b>0.00</b>	\$ <b>0.00</b>

Total ➤  
(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)

Total ➤  
(Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07)

In re Janelle Hodell

Debtor

Case No.

(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>3305</b>			02/06/2008 services rendered				<b>200.00</b>
American Rooter P.O. Box 171 Lunenburg, MA 01462							
ACCOUNT NO. <b>4869557048157797</b>			Miscellaneous purchases of merchandise on various dates				<b>675.24</b>
Arrow Financial assignee of Premier Bankcard, Inc. c/o Redline Recovery Services, Inc. 95 John Muir Drive Amherst, NY 14228			Services rendered				<b>268.00</b>
ACCOUNT NO. <b>HODJA000</b>							
Bard Chiropractic Office 331 Jaffrey Road Peterborough, NH 03458							
ACCOUNT NO. <b>8845412</b>			Miscellaneous purchases on various dates				<b>27.56</b>
BMG Music P.O. Box 91501 Indianapolis, IN 46291							

12 Continuation sheets attached

Subtotal >	\$ <b>1,170.80</b>
Total >	\$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Janelle Hodell

Debtor

Case No.

(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							15.00
Bon Appetit P.O. Box 38619 Boone, IA 50037			Miscellaneous purchases on various dates				
North Shore Agency, Inc. P.O. Vox 8901 Westbury, NY 11590							
ACCOUNT NO. 4388642072312658							914.00
Capital One P.O. Box 85520 Richmond, VA 23285			Miscellaneous purchases on various dates				
Portfolio Recovery Associates, LLC P.O. Box 12914 Norfolk, VA 23541							
MRS Services 5230 Washington Street West Roxbury, MA 02132							
NCO Financial Systems 507 Prudential Road Horsham, PA 19044							
Northland Group, Inc. P.O. Box 390846 Edina, MN 55439							
NAFS P.O. Box 9027 Williamsville, NY 14231							

12 Continuation sheets attached

Sheet no. 1 of 12 continuation sheets attached to Schedule of Creditors  
Holding Unsecured  
Nonpriority Claims

Subtotal ➤ \$ **929.00**

Total ➤

\$	929.00
\$	

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Janelle Hodell

Debtor

Case No.

(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>517805232444906</b>							<b>1,204.00</b>
Capital One Bank 120 Corporate Boulevard Norfolk, VA 23502			Miscellaneous purchases on various dates				
Portfolio Recovery Associates P.O. Box 12914 Norfolk, VA							
ACCOUNT NO. <b>9594403</b>			09/03/2004 Medical services				<b>30.00</b>
Cingular Wireless-Boston c/o Bureau of Collection Recovery 101 Federal Street Boston, MA 02210			Wireless telephone services				<b>2,121.14</b>
ACCOUNT NO. <b>100314xxxx</b>			Miscellaneous purchases on various dates				<b>1,735.00</b>
Citgo Citibank 220 John Glenn Drive #1 Amherst, NY 14228							

12 Continuation sheets attached

Sheet no. 2 of 12 continuation sheets attached to Schedule of Creditors  
Holding Unsecured  
Nonpriority Claims

Subtotal ➤ \$ **5,090.14**

Total ➤ \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Janelle Hodell

Debtor

Case No.

(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>202998605</b>							<b>1,735.07</b>
Citgo/CBSD P.O. Box 6497 Sioux Falls, SD 57117			Miscellaneous purchases on various dates				
Associates Recovery Systems P.O. Box 469046 Escondido, CA 92046							
Nelson, Watson & Assoc. 80 Merrimack Street Haverhill, MA 01830							
NCO Financial Systems, Inc. 507 Prudential Road Horsham, PA 19044							
ACCOUNT NO. <b>X14564H</b>							<b>77.20</b>
Commerce Insurance Company 11 Gore Road Webster, MA			Insurance premiums				
Associated Credit Services, Inc. 105B South Street P.O. Box 9100 Hopkinton, MA 01748							
Community Healthlink 45 Summer Street Leominster, MA 01453			10/30/2008 medical services				<b>240.00</b>

12 Continuation sheets attached

Sheet no. 3 of 12 continuation sheets attached to Schedule of Creditors  
Holding Unsecured  
Nonpriority Claims

Subtotal ➤ \$ **2,052.27**

Total ➤ \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Janelle Hodell

Debtor

Case No.

(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>5206050000951778</b>							<b>225.00</b>
Continental Finance Co. P.O. Box 30311 Tampa, FL 33630-331			Miscellaneous purchases on various dates				
ACCOUNT NO. <b>52981174</b>							<b>24.00</b>
Cooking Club of America P.O. Box 3526 Minnetonka, MN 55343-3526			Miscellaneous purchases on various dates				
SKO Brenner American, Inc. P.O. Boxo 230 Farmingdale, NY 11735							
ACCOUNT NO. <b>727R51</b>			12/01/2009				<b>99.00</b>
Doubleday Book Club 575 Underhill Boulevard Ste. 2 Syosset, NY 11791			Miscellaneous purchases on various dates				
ACCOUNT NO. <b>012521185</b>							<b>495.08</b>
First National Bank c/o Vital Recovery Services, Inc. P.O. Box 923747 Norcross, GA 30010			Miscellaneous purchases on various dates				
CBCS P.O. Box 163250 Columbus, OH 43216							

12 Continuation sheets attached

Sheet no. 4 of 12 continuation sheets attached to Schedule of Creditors  
Holding Unsecured  
Nonpriority Claims

Subtotal >	\$ <b>843.08</b>
Total >	\$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Janelle Hodell

Debtor

Case No.

(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>486955704815</b>			09/01/2005 <b>Miscellaneous purchases on various dates</b>				<b>300.00</b>
First Premiere Bank 601 S. Minnesota Avenue Sioux Falls, SD 57104							
ACCOUNT NO. <b>1147689887</b>			<b>Miscellaneous purchases on various dates</b>				<b>16.97</b>
Fitness Magazine 1716 Locust Street Des Moines, IA 50309							
ACCOUNT NO. <b>02-0586-4937</b>			<b>Miscellaneous purchases on various dates</b>				<b>29.99</b>
Forbes Magazine, Inc. P.O. Box 5474 Harlan, IA 51593							
ACCOUNT NO. <b>George Giebel, MD c/o Allied Credit Service P.O. Box 7840 Nashua, NH 03060</b>			<b>04/01/2005 Medical services</b>				<b>135.00</b>
ACCOUNT NO. <b>10-5728-1873</b>			<b>Miscellaneous purchases on various dates</b>				<b>15.00</b>
Gourmet P.O. Box 37666 Boone, IA 50037							

12 Continuation sheets attached

Sheet no. 5 of 12 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal ➤ \$ **496.96**

\$	
\$	

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Janelle Hodell

Debtor

Case No.

(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			08/09/1996  Miscellaneous purchases on various dates				3,706.80
Greenwood Trust Company c/o Daniel W. Goldstone, Esq. P.O. Box 67397 Chestnut Hill, MA 02167							
ACCOUNT NO.			Medical services				65.00
Health Alliance Hospital c/o HBCS P.O. Box 83172 Woburn, MA 01813							
ACCOUNT NO. 852822xxxx			07/01/2008  Miscellaneous purchases on various dates				1,479.00
Household Renaissance 8875 Aero Drive San Diego, CA 92123							
ACCOUNT NO. 4120613050799359			Miscellaneous purchases on various dates				1,398.02
Merrick Bank P.O. Box 9201 Old Bethpage, NY 11804							
Davis and Davis 393 Vanadium Road, Suite 300 Pittsburgh, PA							

12 Continuation sheets attached

Sheet no. 6 of 12 continuation sheets attached to Schedule of Creditors  
Holding Unsecured  
Nonpriority Claims

Subtotal ➤ \$ **6,648.82**

Total ➤ \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Janelle Hodell

Debtor

Case No.

(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>5440450050678394</b>			Miscellaneous purchases on various dates				<b>1,231.11</b>
MRC Receivables Corp. assignee of Household Orchard Bank c/o Richard Daniels, Esq. One Cetner Plaza Boston, MA  Richard Daniels, Esq. One Center Plaza Boston, MA  LDg Financial Services 4553 Winters ChapelRoad Atlanta, GA 30360			Medical services				<b>59.90</b>
ACCOUNT NO. <b>N0333055</b>			Medical services				<b>40.00</b>
Nashoba Valley Medical Center P.O. Box 415000 Nashville, TN 37241			Miscellaneous purchases on various dates				<b>1,735.07</b>
ACCOUNT NO.							
Nashoba Valley Pathology P.O. Box 9132 Brookline, MA 02446							
ACCOUNT NO.							
North Star Capital Acquisition as assignee of Citibank c/o Howard Lee Schiff, PC 340 Main Street Worcester, Ma							

12 Continuation sheets attached

Sheet no. 7 of 12 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal ➤ \$ **3,066.08**

Total ➤

\$	
\$	

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Janelle Hodell

Debtor

Case No.

(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							19.95
Pillsbury P.O. Box 1908 Marion, OHN 43306			Miscellaneous purchases on various dates				
ACCOUNT NO. 4314xxxx			07/01/2008				734.00
Premiere Bankcard, Inc. 5996 W. Touhy Avenue Niles, IL 60714			Miscellaneous purchases on various dates				
ACCOUNT NO. 986R06xxx			12/01/2010				88.00
Rhapsody Book Club 575 Underhill Boulevard, Ste. 2 Syosset, NY 11791			Miscellaneous purchases on various dates				
Penn Credit Corp. P.O. Box 988 Harrisburgh, PA 17108							
Allied Interstate P.O. Box 5203 New York, NY							
ACCOUNT NO. 633358192							58.62
RMJ Aquisitions, LLC asignee of Crafters Choice Book Clu P.O. Box 18006 Hauppauge, NY 11788			Miscellaneous purchases on various dates				

12 Continuation sheets attached

Sheet no. 8 of 12 continuation sheets attached to Schedule of Creditors  
Holding Unsecured  
Nonpriority Claims

Subtotal ➤ \$ **900.57**

Total ➤ \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Janelle Hodell

Debtor

Case No.

(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>4146830004619372</b>			06/01/2008 <b>Misceellaneous purchases on various dates</b>				<b>667.09</b>
Salute Visa 220 John Glenn Drive #1 Amherst, NY 14228							
Total Card, Inc. 5109 S. Broadband Lane Sioux Falls, SD 57108							
ACCOUNT NO. <b>762165452570</b>			<b>Miscellaneous purchases on various dates</b>				<b>25.88</b>
Scholastic Collectibles c/o RMCB P.O. Box 1234 Elmsford, NY 10523							
ACCOUNT NO. <b>1942-1901028</b>			04/01/2005 <b>Miscellaneous purchases on various dates</b>				<b>280.00</b>
Seventh Avenue 1112 7th Avenue Monroe, WI 53566							
Stephen Simpson, MD, PC P.O. Box 9300 Providence, RI 02940			04/11/2005 <b>Medical services</b>				<b>27.84</b>
Peter Roberts & Associates, Inc. 231 E. Main Street, Ste. 201 Milford, MA 01757							

12 Continuation sheets attached

Sheet no. 9 of 12 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal ➤ \$ **1,000.81**

Total ➤ \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Janelle Hodell

Debtor

Case No.

(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>4423091</b>							<b>32.19</b>
Sundial Editions P.O. Box 9228 Central Islip, NY 11722			Miscellaneous purchases on various dates				
ACCOUNT NO. <b>1777xxxx</b>			01/01/2010 Miscellaneous purchases on various dates				<b>35.00</b>
The Ashton Drake Galleries 2491 Paxton Street Harriston, PA 17111							
ACCOUNT NO. <b>1777xxxxx</b>			01/01/2010 Miscellaneous purchases on various dates				<b>35.00</b>
The Bradford Exchange LT 2491 Paxton Street Harrisburg, PA 17111							

12 Continuation sheets attached

Sheet no. 10 of 12 continuation sheets attached to Schedule of Creditors  
Holding Unsecured  
Nonpriority Claims

Subtotal ➤	\$ <b>102.19</b>
Total ➤	\$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Janelle Hodell

Debtor

Case No.

(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>97834524487550077</b>							<b>217.12</b>
Verizon New England, Inc. P.O. Box 140.91 Worcester, MA 01654-0001			Miscellaneous purchases on various dates				
Solomon and Solomon, PC Columbia Circle Box 15019 Albany, NY 12212							
Park Danson 113 W 3rd Avenue P.O. Box 248 Gastonia, NC 28053							
Afni, Inc. P.O. Box 3427 Bloomington, IL 61702							
ACCOUNT NO. <b>FX09xxxx</b>							<b>935.00</b>
Verizon Wireless c/o Pinnacle Credit Services 7900 Highway 7 #100 Saint Louis Park, MN 55426			Miscellaneous services on various dates				
Miracle Financial, Inc. 52 Armstrong Road Plymouth, MA 02360							
Bureau of Collection Recovery, Inc. 101 Federal Street Boston, MA 02110							
Nelson, Watson & Associates, LLC 80 Merrimack Street Lower Level Haverhill, MA 01830							

12 Continuation sheets attached

Sheet no. 11 of 12 continuation sheets attached to Schedule of Creditors  
Holding Unsecured  
Nonpriority Claims

Subtotal ➤ \$ **1,152.12**

\$	
\$	

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Janelle Hodell

Debtor

Case No. \_\_\_\_\_

(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							170.26
Walmart c/o Palmer, Reifler & Assoc. 1900 Summit Tower Blvd. Orlando, FL 32810			12/01/2006 Check returned for insufficient funds				
ACCOUNT NO. <b>4106370009519291</b>							17,774.74
Worldwide Asset Purchasing, LLC assignee of Aspire Visa c/o Lustig, Glaser & Wilson P.O. Box 9127 Needham, MA 02492  Lustig, Glaser & Wilson, PC P.O. Box 9127 Needham, MA 02492  Central Credit Services, Inc. 9550 Regency Sq. Blvd. Jacksonville, FL 32225  American Debt Collection P.O. Box 608 Oxford, MS 38655			Miscellaneous purchases on various dates				

12 Continuation sheets attached

Sheet no. 12 of 12 continuation sheets attached to Schedule of Creditors  
Holding Unsecured  
Nonpriority Claims

Subtotal ➤	\$ <b>17,945.00</b>
Total ➤	\$ <b>41,397.84</b>

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

In re: Janelle Hodell,  
Debtor Case No. \_\_\_\_\_  
(If known)

## SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST, STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

In re: Janelle Hodell  
Debtor

Case No. \_\_\_\_\_  
(If known) \_\_\_\_\_

## SCHEDULE H - CODEBTORS

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
------------------------------	------------------------------

In re Janelle Hodell

Case No.

Debtor

(If known)

## SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status: <b>Widowed</b>	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): AGE(S):	
<b>Employment:</b>	DEBTOR	SPOUSE
Occupation <b>Disabled</b>		
Name of Employer		
How long employed		
Address of Employer		

INCOME: (Estimate of average or projected monthly income at time case filed)

	DEBTOR	SPOUSE
1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly.)	\$ <u>0.00</u>	\$ _____
2. Estimate monthly overtime	\$ <u>0.00</u>	\$ _____
3. SUBTOTAL	<b>\$ <u>0.00</u></b>	\$ _____
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and social security	\$ <u>0.00</u>	\$ _____
b. Insurance	\$ <u>0.00</u>	\$ _____
c. Union dues	\$ <u>0.00</u>	\$ _____
d. Other (Specify) _____	\$ <u>0.00</u>	\$ _____
5. SUBTOTAL OF PAYROLL DEDUCTIONS	<b>\$ <u>0.00</u></b>	\$ _____
6. TOTAL NET MONTHLY TAKE HOME PAY	<b>\$ <u>0.00</u></b>	\$ _____
7. Regular income from operation of business or profession or farm (Attach detailed statement)	\$ <u>0.00</u>	\$ _____
8. Income from real property	\$ <u>0.00</u>	\$ _____
9. Interest and dividends	\$ <u>0.00</u>	\$ _____
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above.	\$ <u>0.00</u>	\$ _____
11. Social security or other government assistance (Specify) <b>Social security</b>	\$ <u>1,270.00</u>	\$ _____
12. Pension or retirement income	\$ <u>0.00</u>	\$ _____
13. Other monthly income (Specify) _____	\$ <u>0.00</u>	\$ _____
14. SUBTOTAL OF LINES 7 THROUGH 13	<b>\$ <u>1,270.00</u></b>	\$ _____
15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)	<b>\$ <u>1,270.00</u></b>	\$ _____
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)		<b>\$ <u>1,270.00</u></b>

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document.: **NONE**

B6J (Official Form 6J) (12/07)

In re Janelle Hodell,  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form22A or 22C.

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$	<b>514.00</b>
a. Are real estate taxes included? Yes <input checked="" type="checkbox"/> No _____		
b. Is property insurance included? Yes <input checked="" type="checkbox"/> No _____		
2. Utilities: a. Electricity and heating fuel	\$	<b>300.00</b>
b. Water and sewer	\$	<b>65.00</b>
c. Telephone	\$	<b>250.00</b>
d. Other _____	\$	<b>0.00</b>
3. Home maintenance (repairs and upkeep)	\$	<b>0.00</b>
4. Food	\$	<b>400.00</b>
5. Clothing	\$	<b>50.00</b>
6. Laundry and dry cleaning	\$	<b>0.00</b>
7. Medical and dental expenses	\$	<b>325.00</b>
8. Transportation (not including car payments)	\$	<b>55.00</b>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	<b>0.00</b>
10. Charitable contributions	\$	<b>0.00</b>
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	<b>0.00</b>
b. Life	\$	<b>0.00</b>
c. Health	\$	<b>0.00</b>
d. Auto	\$	<b>0.00</b>
e. Other _____	\$	<b>0.00</b>
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) _____	\$	<b>0.00</b>
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto	\$	<b>0.00</b>
b. Other _____	\$	<b>0.00</b>
14. Alimony, maintenance, and support paid to others	\$	<b>0.00</b>
15. Payments for support of additional dependents not living at your home	\$	<b>0.00</b>
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	<b>0.00</b>
17. Other _____	\$	<b>0.00</b>
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$	<b>1,959.00</b>

19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:

20. STATEMENT OF MONTHLY NET INCOME

a. Average monthly income from Line 15 of Schedule I	\$	<b>1,270.00</b>
b. Average monthly expenses from Line 18 above	\$	<b>1,959.00</b>
c. Monthly net income (a. minus b.)	\$	<b>-689.00</b>

B6 Summary (Official Form 6 - Summary) (12/07)

United States Bankruptcy Court  
District of Massachusetts

In re Janelle Hodell,  
Debtor

Case No. \_\_\_\_\_  
Chapter 7 \_\_\_\_\_

## SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	YES	1	\$ 63,000.00		
B - Personal Property	YES	2	\$ 2,247.15		
C - Property Claimed as Exempt	YES	1			
D - Creditors Holding Secured Claims	YES	1		\$ 54,641.50	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	YES	2		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	YES	13		\$ 41,397.84	
G - Executory Contracts and Unexpired Leases	YES	1			
H - Codebtors	YES	1			
I - Current Income of Individual Debtor(s)	YES	1			\$ 1,270.00
J - Current Expenditures of Individual Debtor(s)	YES	1			\$ 1,959.00
TOTAL		24	\$ 65,247.15	\$ 96,039.34	

Form 6 - Statistical Summary (12/07)

**United States Bankruptcy Court  
District of Massachusetts**

In re **Janelle Hodell**,  
Debtor

Case No. \_\_\_\_\_  
Chapter **7**

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ <b>0.00</b>
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ <b>0.00</b>
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ <b>0.00</b>
Student Loan Obligations (from Schedule F)	\$ <b>0.00</b>
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E.	\$ <b>0.00</b>
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ <b>0.00</b>
TOTAL	\$ <b>0.00</b>

**State the following:**

Average Income (from Schedule I, Line 16)	\$ <b>1,270.00</b>
Average Expenses (from Schedule J, Line 18)	\$ <b>1,959.00</b>
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20 )	\$ <b>0.00</b>

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ <b>0.00</b>
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ <b>0.00</b>	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ <b>0.00</b>
4. Total from Schedule F		\$ <b>41,397.84</b>
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ <b>41,397.84</b>

B6 Declaration (Official Form 6 - Declaration) (12/07)

In re Janelle Hodell  
Debtor

Case No. \_\_\_\_\_  
(If known)

## DECLARATION CONCERNING DEBTOR'S SCHEDULES

### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: 07/26/2012

Signature: /s/ Janelle Hodell  
Janelle Hodell  
Debtor

[If joint case, both spouses must sign]

UNITED STATES BANKRUPTCY COURT  
District of Massachusetts

In re: Janelle Hodell,  
Debtor

Case No. \_\_\_\_\_  
(If known)

## STATEMENT OF FINANCIAL AFFAIRS

### 1. Income from employment or operation of business

None  State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE	FISCAL YEAR PERIOD
--------	--------	--------------------

### 2. Income other than from employment or operation of business

None  State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE	FISCAL YEAR PERIOD
13,848.00	Social security	2009
14,724.00	Social security	2010
7,362.00	Social Security	2011

### 3. Payments to creditors

#### Complete a. or b., as appropriate, and c.

None  a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
USDA P.O. Box 790170 St. Louis, MO 63179-0170	Monthly payments of \$511.79	1,533.37	50,641.50

- None  b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
------------------------------	---------------------------------	---	--------------------------

---

\*Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

---

- None  c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
--	--------------------	----------------	-----------------------

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

- None  a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATIO	STATUS OR DISPOSITION
<b>Greenwood Trust Company vs. Janelle Hodell 9616-CV-0208</b>	<b>Civil suit</b>	<b>Fitchburg District Court 100 Elm Street Fitchburg, MA 01420</b>	<b>Judgment</b>
<b>Worldwide Asset Purchasing assignee of Aspire Visa vs. Janelle Hodell 200716SC000737</b>	<b>Small claim</b>	<b>Fitchburg District Court 100 Elm Street Fitchburg, MA 01420</b>	<b>Judgment</b>
<b>North Star Capital Acquisition, LLC vs. Janelle M. Hodell 0916SC0064</b>	<b>Small claim</b>	<b>Fitchburg District Court 100 Elm Street Fitchburg, MA 01420</b>	<b>Judgment</b>

- None  b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
Greenwood Trust Company c/o Daniel W. Goldstone, Esq. P.O. Box 67397 Chestnut Hill, MA 02167	09/04/1996	63,000.00 Real property located at 28 Kimball Street, Lunenburg, MA 01462
MRC Receivables Corp. c/o Richard Daniels, Esq. One Center Plaza Boston, MA 02108	08/21/2008	63,000.00 Real property located at 28 Kimball Street, Lunenburg, MA 01462

## 5. Repossessions, foreclosures and returns

- None  List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
---	--	---

## 6. Assignments and receiverships

- None  a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
---------------------------------	-----------------------	---

- None  b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND ADDRESS OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
----------------------------------	---	------------------	---

## 7. Gifts

- None  List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
--	--------------------------------------	-----------------	-------------------------------------

## 8. Losses

- None  List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
<b>63,000.00 Real property located at 28 Kimball Street, Lunenburg, Ma</b>	<b>In November, 2011, debtor's home suffered water damage due to a leak from the roof which had gone unrepaired for many years. Homeowners insurance did not cover loss</b>	<b>11/01/2011</b>

## 9. Payments related to debt counseling or bankruptcy

- None  List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
<b>Bonville &amp; Howard 154 Prichard Street Fitchburg, MA 01420</b>	<b>5/10/11</b>	<b>\$1,500.00</b>

## 10. Other transfers

- None  a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
---	------	--

None  b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR INTEREST IN PROPERTY
-------------------------------	------------------------	---

### 11. Closed financial accounts

None  List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
---------------------------------	--	------------------------------------

### 12. Safe deposit boxes

None  List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITOR	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
--	--	-------------------------	---------------------------------------

### 13. Setoffs

None  List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
------------------------------	----------------	------------------

### 14. Property held for another person

None  List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
---------------------------	-----------------------------------	----------------------

### 15. Prior address of debtor

None  If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
---------	-----------	--------------------

---

## 16. Spouses and Former Spouses

None  If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

---

## 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None  a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

---

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
--------------------------	--	-------------------	----------------------

---

None  b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

---

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
--------------------------	--	-------------------	----------------------

---

None  c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

---

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
--	---------------	--------------------------

## 18. Nature, location and name of business

None

- a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within the **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the business, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

### LAST FOUR DIGITS

NAME	OF SOCIAL SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
------	--	---------	-----------------------	-------------------------------

- None  b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME

ADDRESS

## 19. Books, records and financial statements

- None  a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

- None  b. List all firms or individuals who within **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS

DATES SERVICES RENDERED

- None  c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS

- None  d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS

DATE ISSUED

## 20. Inventories

- None  a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY  
(Specify cost, market or other  
basis)

- None  b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN  
OF INVENTORY RECORDS

---

**21. Current Partners, Officers, Directors and Shareholders**

None  a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP

None  b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

---

**22. Former partners, officers, directors and shareholders**

None  a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
NAME AND ADDRESS	TITLE	DATE OF TERMINATION

None  b. If the debtor is a corporation, list all officers or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

---

**23. Withdrawals from a partnership or distributions by a corporation**

None  If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)	

---

**24. Tax Consolidation Group.**

None  If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
----------------------------	--------------------------------------

---

**25. Pension Funds.**

None  If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER (EIN)
----------------------	--------------------------------------

*[if completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 07/26/2012

Signature  
of Debtor /s/ Janelle Hodell  
**Janelle Hodell**

UNITED STATES BANKRUPTCY COURT  
District of Massachusetts

In re Janelle Hodell  
Debtor

Case No. \_\_\_\_\_  
Chapter 7

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

**PART A** – Debts secured by property of the estate. (*Part A must be fully completed for EACH debt which is secured by property of the estate. Attach additional pages if necessary.*)

Property No. 1	
Creditor's Name: <b>Rural Development</b>	Describe Property Securing Debt: <b>Real property located at 28 Kimball Street, Lunenburg, Ma</b>
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f))	
Property is (check one): <input checked="" type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt	

Property No. 2	
Creditor's Name: <b>USDA</b>	Describe Property Securing Debt: <b>Real property located at 28 Kimball Street, Lunenburg, Ma</b>
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f))	
Property is (check one): <input checked="" type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt	

**PART B** – Personal property subject to unexpired leases. (*All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.*)

Property No. 1		
Lessor's Name: None	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> YES <input type="checkbox"/> NO

0 continuation sheets attached (*if any*)

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date: 07/26/2012

/s/ Janelle Hodell

Janelle Hodell  
Signature of Debtor

B22A (Official Form 22A) (Chapter 7) (12/10)

In re Janelle Hodell  
Debtor(s)

Case Number: \_\_\_\_\_  
(If known)

According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):

- The presumption arises  
 The presumption does not arise  
 The presumption is temporarily inapplicable.

## CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

### Part I. MILITARY AND NON-CONSUMER DEBTORS

1A	<p><b>Disabled Veterans.</b> If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> <b>Declaration of Disabled Veteran.</b> By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).</p>
1B	<p><b>Non-consumer Debtors.</b> If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> <b>Declaration of non-consumer debts.</b> By checking this box, I declare that my debts are not primarily consumer debts.</p>
1C	<p><b>Reservists and National Guard Members; active duty or homeland defense activity.</b> Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. <b>During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.</b></p> <p><input type="checkbox"/> <b>Declaration of Reservists and National Guard Members.</b> By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard</p> <p class="list-item-l1">a. <input type="checkbox"/> I was called to active duty after September 11, 2001, for a period of at least 90 days and <input type="checkbox"/> I remain on active duty /or/ <input type="checkbox"/> I was released from active duty on _____, which is less than 540 days before this bankruptcy case was filed; OR</p> <p class="list-item-l1">b. <input type="checkbox"/> I am performing homeland defense activity for a period of at least 90 days /or/ <input type="checkbox"/> I performed homeland defense activity for a period of at least 90 days, terminating on _____, which is less than 540 days before this bankruptcy case was filed.</p>

### Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION

## B22A (Official Form 22A) (Chapter 7) (12/10)

2	<p><b>Marital/filing status.</b> Check the box that applies and complete the balance of this part of this statement as directed.</p> <p>a. <input checked="" type="checkbox"/> Unmarried. <b>Complete only Column A ("Debtor's Income") for Lines 3-11.</b></p> <p>b. <input type="checkbox"/> Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." <b>Complete only Column A ("Debtor's Income") for Lines 3-11.</b></p> <p>c. <input type="checkbox"/> Married, not filing jointly, without the declaration of separate households set out in line 2.b above. <b>Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</b></p> <p>d. <input type="checkbox"/> Married, filing jointly. <b>Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</b></p>												
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.		<b>Column A Debtor's Income</b>	<b>Column B Spouse's Income</b>									
3	<b>Gross wages, salary, tips, bonuses, overtime, commissions.</b>		<b>\$0.00</b>	\$									
4	<p><b>Income from the operation of a business, profession or farm.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. <b>Do not include any part of the business expenses entered on Line b as a deduction in Part V.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">a.</td> <td style="width: 60%;">Gross Receipts</td> <td style="width: 30%; text-align: right;">\$ 0.00</td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary business expenses</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>c.</td> <td>Business income</td> <td style="text-align: right;">Subtract Line b from Line a</td> </tr> </table>		a.	Gross Receipts	\$ 0.00	b.	Ordinary and necessary business expenses	\$ 0.00	c.	Business income	Subtract Line b from Line a	<b>\$0.00</b>	\$
a.	Gross Receipts	\$ 0.00											
b.	Ordinary and necessary business expenses	\$ 0.00											
c.	Business income	Subtract Line b from Line a											
5	<p><b>Rent and other real property income.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. <b>Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">a.</td> <td style="width: 60%;">Gross Receipts</td> <td style="width: 30%; text-align: right;">\$ 0.00</td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary operating expenses</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>c.</td> <td>Rent and other real property income</td> <td style="text-align: right;">Subtract Line b from Line a</td> </tr> </table>		a.	Gross Receipts	\$ 0.00	b.	Ordinary and necessary operating expenses	\$ 0.00	c.	Rent and other real property income	Subtract Line b from Line a	<b>\$0.00</b>	\$
a.	Gross Receipts	\$ 0.00											
b.	Ordinary and necessary operating expenses	\$ 0.00											
c.	Rent and other real property income	Subtract Line b from Line a											
6	<b>Interest, dividends, and royalties.</b>		<b>\$0.00</b>	\$									
7	<b>Pension and retirement income.</b>		<b>\$0.00</b>	\$									
8	<p><b>Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose.</b> Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.</p>		<b>\$0.00</b>	\$									
9	<p><b>Unemployment compensation.</b> Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Unemployment compensation claimed to be a benefit under the Social Security Act</td> <td style="width: 30%; text-align: center;">Debtor \$ 1,227.00</td> <td style="width: 30%; text-align: center;">Spouse \$ _____</td> </tr> </table>		Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ 1,227.00	Spouse \$ _____	<b>\$</b>	\$						
Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ 1,227.00	Spouse \$ _____											
10	<p><b>Income from all other sources.</b> Specify source and amount. If necessary, list additional sources on a separate page. <b>Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance.</b> Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.</p>												

	a.	\$	
Total and enter on Line 10.			
11	<b>Subtotal of Current Monthly Income for § 707(b)(7).</b> Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 thru 10 in Column B. Enter the total(s).	\$0.00	\$
12	<b>Total Current Monthly Income for § 707(b)(7).</b> If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	\$ 0.00	

### Part III. APPLICATION OF § 707(b)(7) EXCLUSION

13	<b>Annualized Current Monthly Income for § 707(b)(7).</b> Multiply the amount from Line 12 by the number 12 and enter the result.	\$0.00
14	<b>Applicable median family income.</b> Enter the median family income for the applicable state and household size. (This information is available by family size at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: MA b. Enter debtor's household size: 1	\$53,496.00
15	<b>Application of Section 707(b)(7).</b> Check the applicable box and proceed as directed. <input checked="" type="checkbox"/> <b>The amount on Line 13 is less than or equal to the amount on Line 14.</b> Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII. <input type="checkbox"/> <b>The amount on Line 13 is more than the amount on Line 14.</b> Complete the remaining parts of this statement.	

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15).

Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)		
16	Enter the amount from Line 12.	\$
17	<b>Marital adjustment.</b> If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero. a.	\$
	Total and enter on Line 17 .	\$
18	<b>Current monthly income for § 707(b)(2).</b> Subtract Line 17 from Line 16 and enter the result.	\$

### Part V. CALCULATION OF DEDUCTIONS FROM INCOME

Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)		
19A	<b>National Standards: food, clothing and other items.</b> Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.	\$

## B22A (Official Form 22A) (Chapter 7) (12/10)

19B	<p><b>National Standards: health care.</b> Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; padding: 2px;"><b>Persons under 65 years of age</b></th> <th colspan="2" style="text-align: center; padding: 2px;"><b>Persons 65 years of age or older</b></th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">a1. Allowance per person</td> <td style="width: 20px;"></td> <td style="padding: 2px;">a2. Allowance per person</td> <td style="width: 20px;"></td> </tr> <tr> <td style="padding: 2px;">b1. Number of persons</td> <td style="width: 20px;"></td> <td style="padding: 2px;">b2. Number of persons</td> <td style="width: 20px;"></td> </tr> <tr> <td style="padding: 2px;">c1. Subtotal</td> <td style="width: 20px;"></td> <td style="padding: 2px;">c2. Subtotal</td> <td style="width: 20px;"></td> </tr> </tbody> </table>				<b>Persons under 65 years of age</b>	<b>Persons 65 years of age or older</b>		a1. Allowance per person		a2. Allowance per person		b1. Number of persons		b2. Number of persons		c1. Subtotal		c2. Subtotal		\$
<b>Persons under 65 years of age</b>	<b>Persons 65 years of age or older</b>																			
a1. Allowance per person		a2. Allowance per person																		
b1. Number of persons		b2. Number of persons																		
c1. Subtotal		c2. Subtotal																		
20A	<p><b>Local Standards: housing and utilities; non-mortgage expenses.</b> Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.</p>				\$															
20B	<p><b>Local Standards: housing and utilities; mortgage/rent expense.</b> Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court)(the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. <b>Do not enter an amount less than zero.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">a.</td> <td style="width: 75%;">IRS Housing and Utilities Standards; mortgage/rental expense</td> <td style="width: 10%; text-align: right; vertical-align: bottom;">\$</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by home, if any, as stated in Line 42.</td> <td style="text-align: right; vertical-align: bottom;">\$</td> </tr> <tr> <td>c.</td> <td>Net mortgage/rental expense</td> <td style="text-align: right; vertical-align: bottom;">Subtract Line b from Line a</td> </tr> </table>				a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$	b.	Average Monthly Payment for any debts secured by home, if any, as stated in Line 42.	\$	c.	Net mortgage/rental expense	Subtract Line b from Line a	\$						
a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$																		
b.	Average Monthly Payment for any debts secured by home, if any, as stated in Line 42.	\$																		
c.	Net mortgage/rental expense	Subtract Line b from Line a																		
21	<p><b>Local Standards: housing and utilities; adjustment.</b> If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:</p>				\$															
22A	<p><b>Local Standards: transportation; vehicle operation/public transportation expense.</b> You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.</p> <p>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p>				\$															
22B	<p><b>Local Standards: transportation; additional public transportation expense.</b> If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p>				\$															

## B22A (Official Form 22A) (Chapter 7) (12/10)

	<b>Local Standards: transportation ownership/lease expense; Vehicle 1.</b> Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.  23 Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. <b>Do not enter an amount less than zero.</b>  <table border="1"> <tr> <td>a.</td> <td>IRS Transportation Standards, Ownership Costs</td> <td>\$</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42.</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Net ownership/lease expense for Vehicle 1</td> <td>Subtract Line b from Line a</td> </tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42.	\$	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a	
a.	IRS Transportation Standards, Ownership Costs	\$									
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42.	\$									
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a									
24	<b>Local Standards: transportation ownership/lease expense; Vehicle 2.</b> Complete this Line only if you checked the "2 or more" Box in Line 23.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. <b>Do not enter an amount less than zero.</b>  <table border="1"> <tr> <td>a.</td> <td>IRS Transportation Standards, Ownership Costs</td> <td>\$</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Net ownership/lease expense for Vehicle 2</td> <td>Subtract Line b from Line a</td> </tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a	
a.	IRS Transportation Standards, Ownership Costs	\$									
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$									
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a									
25	<b>Other Necessary Expenses: taxes.</b> Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. <b>Do not include real estate or sales taxes.</b>	\$									
26	<b>Other Necessary Expenses: involuntary deductions for employment.</b> Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. <b>Do not include discretionary amounts, such as voluntary 401(k) contributions.</b>	\$									
27	<b>Other Necessary Expenses: life insurance.</b> Enter total average monthly premiums that you actually pay for term life insurance for yourself. <b>Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.</b>	\$									
28	<b>Other Necessary Expenses: court-ordered payments.</b> Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. <b>Do not include payments on past due obligations included in Line 44.</b>	\$									
29	<b>Other Necessary Expenses: education for employment or for a physically or mentally challenged child.</b> Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.	\$									
30	<b>Other Necessary Expenses: childcare.</b> Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. <b>Do not include other educational payments.</b>	\$									
31	<b>Other Necessary Expenses: health care.</b> Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. <b>Do not include payments for health insurance or health savings accounts listed in Line 34.</b>	\$									
32	<b>Other Necessary Expenses: telecommunication services.</b> Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. <b>Do not include any amount previously deducted.</b>	\$									
33	<b>Total Expenses Allowed under IRS Standards.</b> Enter the total of Lines 19 through 32.	\$									
<b>Subpart B: Additional Living Expense Deductions</b>											

<b>Note: Do not include any expenses that you have listed in Lines 19-32</b>						
34	<b>Health Insurance, Disability Insurance, and Health Savings Account Expenses.</b> List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.					\$
	a.	Health Insurance	\$			
	b. Disability Insurance	\$				
	c. Health Savings Account	\$				
	Total and enter on Line 34					
	<b>If you do not actually expend this total amount,</b> state your actual total average monthly expenditures in the space below:					
	\$ _____					
35	<b>Continued contributions to the care of household or family members.</b> Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.					\$
36	<b>Protection against family violence.</b> Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.					\$
37	<b>Home energy costs.</b> Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. <b>You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.</b>					\$
38	<b>Education expenses for dependent children less than 18.</b> Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. <b>You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.</b>					\$
39	<b>Additional food and clothing expense.</b> Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) <b>You must demonstrate that the additional amount claimed is reasonable and necessary.</b>					\$
40	<b>Continued charitable contributions.</b> Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).					\$
41	<b>Total Additional Expense Deductions under § 707(b).</b> Enter the total of Lines 34 through 40.					\$
<b>Subpart C: Deductions for Debt Payment</b>						
42	<b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.					\$
		Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	
	a.		\$	<input type="checkbox"/> yes <input type="checkbox"/> no		
	Total: Add Lines a, b and c					\$

\* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

## B22A (Official Form 22A) (Chapter 7) (12/10)

43	<b>Other payments on secured claims.</b> If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.			
	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount	\$
	Total: Add Lines a, b and c			\$
44	<b>Payments on prepetition priority claims.</b> Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. <b>Do not include current obligations, such as those set out in Line 28.</b>			\$
45	<b>Chapter 13 administrative expenses.</b> If you are eligible to file a case under Chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.			
	a. Projected average monthly Chapter 13 plan payment.	\$		
	b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	x		
	c. Average monthly administrative expense of Chapter 13 case	Total: Multiply Lines a and b	\$	
46	<b>Total Deductions for Debt Payment.</b> Enter the total of Lines 42 through 45.			\$
<b>Subpart D: Total Deductions from Income</b>				
47	<b>Total of all deductions allowed under § 707(b)(2).</b> Enter the total of Lines 33, 41, and 46.			\$

<b>Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION</b>				
48	<b>Enter the amount from Line 18 (Current monthly income for § 707(b)(2))</b>			\$
49	<b>Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))</b>			\$
50	<b>Monthly disposable income under § 707(b)(2).</b> Subtract Line 49 from Line 48 and enter the result			\$
51	<b>60-month disposable income under § 707(b)(2).</b> Multiply the amount in Line 50 by the number 60 and enter the result.			\$
52	<b>Initial presumption determination.</b> Check the applicable box and proceed as directed. <p><input type="checkbox"/> <b>The amount on Line 51 is less than \$7,025*</b> Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.</p> <p><input type="checkbox"/> <b>The amount set forth on Line 51 is more than \$11,725*.</b> Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.</p> <p><input type="checkbox"/> <b>The amount on Line 51 is at least \$7,025*, but not more than \$11,725*.</b> Complete the remainder of Part VI (Lines 53 through 55).</p>			
53	<b>Enter the amount of your total non-priority unsecured debt</b>			\$
54	<b>Threshold debt payment amount.</b> Multiply the amount in Line 53 by the number 0.25 and enter the result.			\$
55	<b>Secondary presumption determination.</b> Check the applicable box and proceed as directed. <p><input type="checkbox"/> <b>The amount on Line 51 is less than the amount on Line 54.</b> Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.</p> <p><input type="checkbox"/> <b>The amount on Line 51 is equal to or greater than the amount on Line 54.</b> Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.</p>			

\* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

### Part VII. ADDITIONAL EXPENSE CLAIMS

56

**Other Expenses.** List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.

	Expense Description	Monthly Amount
	Total: Add Lines a, b, and c	\$

### Part VIII: VERIFICATION

57

I declare under penalty of perjury that the information provided in this statement is true and correct. (*If this a joint case, both debtors must sign.*)

Date: 07/26/2012

Signature: /s/ Janelle Hodell

Janelle Hodell, (Debtor)

UNITED STATES BANKRUPTCY COURT  
District of Massachusetts

In re: Janelle Hodell Case No. \_\_\_\_\_  
Debtor Chapter 7

**DISCLOSURE OF COMPENSATION OF ATTORNEY  
FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$ <u>1,500.00</u>
Prior to the filing of this statement I have received	\$ <u>1,500.00</u>
Balance Due	\$ <u>0.00</u>

2. The source of compensation paid to me was:

Debtor  Other (specify) \_\_\_\_\_

3. The source of compensation to be paid to me is:

Debtor  Other (specify) \_\_\_\_\_

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a) Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b) Preparation and filing of any petition, schedules, statement of affairs, and plan which may be required;
- c) Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d) [Other provisions as needed]

**None**

6. By agreement with the debtor(s) the above disclosed fee does not include the following services:

**All services will be handled on an hourly basis at the rate of \$250.00 per hour pursuant to the terms of the fee agreement entered into between debtor and counsel**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: 07/26/2012

/s/Edwin H. Howard

**Edwin H. Howard, Bar No. 241700**

**Bonville & Howard**

Attorney for Debtor(s)

B 201A (Form 201A) (11/11)

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MASSACHUSETTS

**NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)  
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

**1. Services Available from Credit Counseling Agencies**

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

**2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

**Chapter 7: Liquidation (\$245 filing fee, \$46 administrative fee, \$15 trustee surcharge: Total fee \$306)**

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$46 administrative fee: Total fee \$281)**

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1000 filing fee, \$46 administrative fee: Total fee \$1046)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$46 administrative fee: Total fee \$246)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at [http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).

B 201B (Form 201B) (12/09)

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MASSACHUSETTS

In re Janelle Hodell

Debtor

Case No. \_\_\_\_\_

Chapter 7

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)  
UNDER § 342(b) OF THE BANKRUPTCY CODE**

**Certificate of the Debtor**

I, the debtor, affirm that I have received and read this notice, as required by § 342(b) of the Bankruptcy Code.

Janelle Hodell

Printed Name of Debtor

Case No. (if known) \_\_\_\_\_

X/s/ Janelle Hodell

Janelle Hodell

Signature of Debtor

07/26/2012

Date

**Instructions:** Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MASSACHUSETTS

In re **Janelle Hodell**

Case No.

Debtor.

Chapter **7**

**STATEMENT OF MONTHLY NET INCOME**

The undersigned certifies the following is the debtor's monthly income .

Income:	Debtor
Six months ago	\$ <u>1,227.00</u>
Five months ago	\$ <u>1,227.00</u>
Four months ago	\$ <u>1,227.00</u>
Three months ago	\$ <u>1,227.00</u>
Two months ago	\$ <u>1,227.00</u>
Last month	\$ <u>0.00</u>
Income from other sources	\$ <u>0.00</u>
Total net income for six months preceding filing	\$ <u>6,135.00</u>
<b>Average Monthly Net Income</b>	\$ <u>1,022.50</u>

Attached are all payment advices received by the undersigned debtor prior to the petition date, I declare under penalty of perjury that I have read the foregoing statement and that it is true and correct to the best of my knowledge, information, and belief.

Dated: 07/26/2012

/s/ Janelle Hodell  
Janelle Hodell

Debtor

UNITED STATES BANKRUPTCY COURT  
District of Massachusetts

In re: **Janelle Hodell**

Case No. \_\_\_\_\_

Chapter **7**

**BUSINESS INCOME AND EXPENSES**

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

PART A - GROSS BUSINESS INCOME FOR PREVIOUS 12 MONTHS:

1. Gross Income For 12 Months Prior to Filing: \$ 0.00

PART B - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

2. Gross Monthly Income: \$ 0.00

PART C - ESTIMATED FUTURE MONTHLY EXPENSES:

3. Net Employee Payroll (Other Than Debtor)	\$ <u>0.00</u>
4. Payroll Taxes	<u>0.00</u>
5. Unemployment Taxes	<u>0.00</u>
6. Worker's Compensation	<u>0.00</u>
7. Other Taxes	<u>0.00</u>
8. Inventory Purchases (Including raw materials)	<u>0.00</u>
9. Purchase of Feed/Fertilizer/Seed/Spray	<u>0.00</u>
10. Rent (Other than debtor's principal residence)	<u>0.00</u>
11. Utilities	<u>0.00</u>
12. Office Expenses and Supplies	<u>0.00</u>
13. Repairs and Maintenance	<u>0.00</u>
14. Vehicle Expenses	<u>0.00</u>
15. Travel and Entertainment	<u>0.00</u>
16. Equipment Rental and Leases	<u>0.00</u>
17. Legal/Accounting/Other Professional Fees	<u>0.00</u>
18. Insurance	<u>0.00</u>
19. Employee Benefits (e.g., pension, medical, etc.)	<u>0.00</u>
20. Payments to Be Made Directly By Debtor to Secured Creditors For	

Pre-Petition Business Debts (Specify):

**None**

21. Other (Specify):

**None**

22. Total Monthly Expenses (Add items 3 - 21) \$ 0.00

PART D - ESTIMATED AVERAGE NET MONTHLY INCOME:

23. AVERAGE NET MONTHLY INCOME (Subtract Item 22 from Item 2) \$ 0.00